

Resource Summary Report

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ADEPT - Assessment of Doctor-Elderly Patient Encounters

RRID:SCR_008901

Type: Tool

Proper Citation

ADEPT - Assessment of Doctor-Elderly Patient Encounters (RRID:SCR_008901)

Resource Information

URL:

<http://tools.researchonresearch.org/dodsg/web/WebDatabaseHTML.php?service=detail&id=64>

Proper Citation: ADEPT - Assessment of Doctor-Elderly Patient Encounters (RRID:SCR_008901)

Description: THIS RESOURCE IS NO LONGER IN SERVICE, documented on Septemeber 02, 2014. Through a collaborative effort with experts in doctor-elderly patient interaction who participated in the development of ADEPT, a database of approximately 435 audio and video tapes of visits of patients age 65 and older (n=46) to their primary physician was established for testing ADEPT and for access by medical educators and researchers. Data associated with each tape include reason for visit, physician characteristics (age, race, gender), patient characteristics (age, race, gender), companion characteristics (age, race, gender), and length of doctor-patient relationship. Through a collaborative effort with experts in doctor-elderly patient interaction who participated in the development of ADEPT, a database of approximately 435 audio and video tapes of visits of patients age 65 and older (n=46) to their primary physician was established for testing ADEPT and for access by medical educators and researchers. Data associated with each tape include reason for visit, physician characteristics (age, race, gender), patient characteristics (age, race, gender), companion characteristics (age, race, gender), and length of doctor-patient relationship. Patient visits to their primary physician were videotaped at four sites: an academic medical center in the Midwest, an academic medical center in the Southwest, a suburban managed care medical group, and an urban group of physicians in independent practice. Repeat visits between the same doctor and patient were taped for 19 patients resulting in 48 tapes of multiple visits. Patients were recruited in the waiting room for a convenience sample. Before the visit, patients provided demographic data and completed a global satisfaction form. Following the visit, patients completed the SF-36, and the ABIM for patient satisfaction. Two weeks following the visit, patients were contacted by telephone and asked about their understanding, compliance and their utilization of health services over the past year. At twelve months, patients were

contacted by telephone for administration of the SF-36, the global satisfaction form, and the utilization of health services survey. Data Availability: Archived at the Saint Louis University School of Medicine Library. Interested researchers and medical educators should contact the PI, Mary Ann Cook, JVCRadiology (at) sbcglobal.net * Dates of Study: 1998-2001 * Study Features: Longitudinal, Anthropometric Measures * Sample Size: 46

Abbreviations: ADEPT

Synonyms: Assessment of Doctor-Elderly Patient Encounters, Assessment of Doctor-Elderly Patient Encounters (ADEPT)

Resource Type: audio track, data or information resource, database, video resource

Keywords: longitudinal, anthropometric measure, patient interaction, late adult human, doctor, patient satisfaction, health service, doctor-patient interaction

Related Condition: Aging

Funding: NIA

Availability: THIS RESOURCE IS NO LONGER IN SERVICE

Resource Name: ADEPT - Assessment of Doctor-Elderly Patient Encounters

Resource ID: SCR_008901

Alternate IDs: nlx_151429

Record Creation Time: 20220129T080250+0000

Record Last Update: 20260829T182335+0000

Ratings and Alerts

No rating or validation information has been found for ADEPT - Assessment of Doctor-Elderly Patient Encounters.

No alerts have been found for ADEPT - Assessment of Doctor-Elderly Patient Encounters.

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 31 mentions in open access literature.

Listed below are recent publications. The full list is available at [nidm-terms](#) .

Geva A, et al. (2020) Adverse drug event presentation and tracking (ADEPT): semiautomated, high throughput pharmacovigilance using real-world data. JAMIA open,

3(3), 413.

Shachi SI, et al. (2017) Dataset representing the effect of indirect band gap region of Cd-free AlGaAs buffer layer in Cu(In,Ga)Se photovoltaic cell. Data in brief, 14, 618.

Asaduzzaman M, et al. (2017) Dataset demonstrating the modeling of a high performance Cu(In,Ga)Se₂ absorber based thin film photovoltaic cell. Data in brief, 11, 296.

Jerome NP, et al. (2017) Repeatability of derived parameters from histograms following non-Gaussian diffusion modelling of diffusion-weighted imaging in a paediatric oncological cohort. European radiology, 27(1), 345.

Hosen MB, et al. (2017) Modeling and performance analysis dataset of a CIGS solar cell with ZnS buffer layer. Data in brief, 14, 246.

Jones RC, et al. (2016) Multi-component assessment of chronic obstructive pulmonary disease: an evaluation of the ADO and DOSE indices and the global obstructive lung disease categories in international primary care data sets. NPJ primary care respiratory medicine, 26, 16010.

Asaduzzaman M, et al. (2016) An investigation into the effects of band gap and doping concentration on Cu(In,Ga)Se₂ solar cell efficiency. SpringerPlus, 5, 578.

Krupka M, et al. (2016) The Position of His-Tag in Recombinant OspC and Application of Various Adjuvants Affects the Intensity and Quality of Specific Antibody Response after Immunization of Experimental Mice. PloS one, 11(2), e0148497.

Strand V, et al. (2016) Economic Evaluation of Timely Versus Delayed Use of Tumor Necrosis Factor Inhibitors for Treatment of Psoriatic Arthritis in the US. Rheumatology and therapy, 3(2), 305.

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Loza MJ, et al. (2016) Validated and longitudinally stable asthma phenotypes based on cluster analysis of the ADEPT study. Respiratory research, 17(1), 165.

Owadally W, et al. (2015) PATHOS: a phase II/III trial of risk-stratified, reduced intensity adjuvant treatment in patients undergoing transoral surgery for Human papillomavirus (HPV) positive oropharyngeal cancer. BMC cancer, 15, 602.

Miyazaki K, et al. (2015) Demonstration of the reproducibility of free-breathing diffusion-weighted MRI and dynamic contrast enhanced MRI in children with solid tumours: a pilot study. European radiology, 25(9), 2641.

Smit E, et al. (2015) Evaluation of the role of Care Sport Connectors in connecting primary care, sport, and physical activity, and residents' participation in the Netherlands: study protocol for a longitudinal multiple case study design. BMC public health, 15, 510.

Ghosh AK, et al. (2015) Organic carbamates in drug design and medicinal chemistry. Journal of medicinal chemistry, 58(7), 2895.

Gunnos SB, et al. (2014) Creation of a gated antibody as a conditionally functional synthetic protein. *Nature communications*, 5, 4388.

MacLean DL, et al. (2013) Identifying medical terms in patient-authored text: a crowdsourcing-based approach. *Journal of the American Medical Informatics Association : JAMIA*, 20(6), 1120.

Brown MA, et al. (2013) Prognostic indicators of 6-month mortality in elderly people with advanced dementia: a systematic review. *Palliative medicine*, 27(5), 389.

Porter JB, et al. (2013) Treatment of heart failure in adults with thalassemia major: response in patients randomised to deferoxamine with or without deferiprone. *Journal of cardiovascular magnetic resonance : official journal of the Society for Cardiovascular Magnetic Resonance*, 15(1), 38.

Atashili J, et al. (2013) Prevalence, characteristics and correlates of a positive-dementia screen in patients on antiretroviral therapy in Bamenda, Cameroon: a cross-sectional study. *BMC neurology*, 13, 86.